V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1943

Registration District No. 3976

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32847 State File No.

Primary Registration District No. 6282

Registrar's No.

1400

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town CLARK TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 30 MINUTES years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114 0

(c) City or town CLARK TWP. - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country 10

3. (a) PRINT FULL NAME SYLVIA LEONORE DOYEL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUG (Month) 6 (Day) 1943 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month AUG day 6

year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 6, 1943 to Aug 6, 1943 that I last saw her alive on Aug 6, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

Immediate cause of death Premature Birth 7½ Mo — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace MACON (City, town, or county) MO (State or foreign country) 0

10. Usual occupation CHILD

11. Industry or business

FATHER
12. Name LESTER DOYEL
13. Birthplace MACON (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name JEWELL MAE NILL
15. Birthplace DOUGLAS CO. (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Lester Doyel

(b) Address MACON MO. 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 6 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MACON CEM.

18. (a) Signature of funeral director A. A. Stille

(b) Address MANSFIELD MO

19. (a) Sept 4 1943 (Date received local registrar) (b) Mrs Charles Cramer (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Fuson (M. D. or other)

Address MANSFIELD Date signed Aug 6 43

1004

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number _____
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by NOT .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.